

CALIFORNIA LEGAL PROFESSIONAL LIABILITY INSURANCE REPORT

Form Number : RSU#10/2000

October 22, 2001

As of December 31, 2001
(Section 11555.2 of the California Insurance Code)
General Instructions

1. Only Insurers that were authorized to transact Liability Insurance, as defined by Section 108 of the California Insurance Code, are required to file this report.
2. This report is required pursuant to Section 11555.2 of the California Insurance Code. It is required of each insurer transacting insurance covering liability for malpractice of any person licensed under the State Bar Act (Chapter 4 [commencing with Section 6000] of Division 3 of the Business and Professions Code). This report is part of a continuing effort by the State of California to monitor the professional liability insurance business.
3. The amounts reported are to reflect only the business written in California. This report is to be filed on a group basis with inter-company reinsurance transactions excluded. One report is to be filed for the total business of each insurer group. All amounts to be reported are to be the direct liability with no deduction for reinsurance.
4. Since the premiums and losses are reported herein on a direct basis, there is no need for this report to be filed by admitted (licensed) reinsurers. Provided that the admitted reinsurer has been identified on page 1, the Department will consider that the ceded premiums and losses reported herein to have been filed on behalf of the reinsurers and the reinsurers need not file a separate report.
5. Whether the coverage was written on a claims-made basis or an occurrence basis, the statute requires that the information be broken down by the year the claim occurred (that is, the year in which the malpractice event occurred which gave rise to the reported loss).
6. Completed forms are to be mailed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Rate Specialist Bureau
300 South Spring Street, South Tower, Second Floor
Los Angeles CA 90013-1230

and are

due by July 1, 2002

Please contact Cau Phan, Rate Specialist Bureau at (213) 346-6732 or Fax No. (213) 897-6361, or by E-Mail : phanc@insurance.ca.gov, if any questions arise regarding the completion or filing of this report. The report blank forms are also available on our Department of Insurance website at: www.insurance.ca.gov.

7. Companies that had no Legal Malpractice Insurance in force under any form during 2001, may satisfy the reporting requirement by so indicating at the bottom of this letter over the signature of an officer of the company

Company or Group Name: _____

" Our Company did not have any Legal Malpractice Insurance in force during 2001 ".

Signature: _____

Name and Title: _____

Date: _____

and return the letter to the above address.

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As of December 31, 2001**(California Business Only)****Company or Group:****NAIC Company Number :****NAIC Group Number :****Address:****Contact Person:****E-Mail Address:****Phone Number (800 Number, If Possible):**

Names of companies within the group whose experience is included in the report:

Names of reinsurers admitted (licensed) in California to which part of the premiums and losses reported herein was ceded:

Were any premiums and losses ceded to reinsurers not admitted in California?

☐ Yes☐ No

The business reported herein was written on a:

☐ Claims-made basis☐ Occurrence basis

Are defense costs included in policy limits ?

☐ Yes☐ No

Calendar Year	[1] Number of Lawyers Insured *	[2] Direct Premiums Written	[3] Direct Premiums Earned	[4] Direct Losses Incurred	[5] Defense & Cost Containment Exp. Incurred
1999					
2000					
2001					

* At year end

Calendar Year	[6] Incurred Losses & DCCE Ratio {[4]+[5]} / [3]	[7] Adjusting and Other Expenses Incurred	[8] Commissions & Brokerage Expenses Inc.	[9] Taxes, Licenses & Fees Inc.	[10] Other Acquisitions, Field Supervisions, Collection Exp. Inc.
1999	%				
2000	%				
2001	%				

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Company/Group Name:

Calendar Year	[11] General Expenses Incurred	[12] Total U / W Expenses [7+8+9+10+11]	[13] CA Investment Income on Surplus	[14] CA Investment Income on Total of Reserves
1999				
2000				
2001				

Instructions to calculate CA Investment Incomes (Columns [13] and [14]):*I = Net Investment Income Earned (Consolidated Annual Statement, Page 4, Col 1, Line 8).**I = IS + IR**IS = Investment Income on Surplus.**IR = Investment Income on Total of Reserves.**TR = Total of Reserves**= Unearned Premium Reserve + Loss Reserve + LSCE Reserve + IBNR**AS = Average of surplus of two consecutive years.**AS_1999 = (Surplus 1999 + Surplus 1998) / 2**AS_2000 = (Surplus 2000 + Surplus 1999) / 2**AS_2001 = (Surplus 2001 + Surplus 2000) / 2***For Each Calendar Year :***Yield Rate $i\%$ = $I / (AS + TR)$* *then**IS = i * AS**IR = i * TR**All above figures are Countrywide (CW) data. To allocate to California, we compute by prorata :***CA Investment Income on Surplus = IS * [CA Direct Written Premiums of Legal Professional Liability / CW***Direct Written Premiums (Consolidated Annual Statement, Page 9 - Part 2B, Col 1, Line 32)]***CA Investment Income on Total of Reserves = IR * [CA Total of Reserves of Legal Professional Liability / CW Total of Reserves]****CLAIMS CLOSED IN 2001 - DIRECT PAYMENTS**

Indemnity Claim Size Interval	[A] Number of Claims	[B] Total Indemnity Paid for Claims in Interval	[C] Total DCCE Paid for Claims in Interval
\$ 0 *		\$ 0	\$ 0
\$ 0 *		\$ 0	
\$ 1 - 9,999			
10,000 - 49,999			
50,000 - 99,999			
100,000 - 249,999			
250,000 - 499,999			
500,000 - 749,999			
750,000 - 999,999			
1,000,000 and over			
TOTAL			

Notes (*) : The claims closed in 2001, without indemnity payment, should be broken down in two categories : Claims with Defense and Cost Containment Expenses Paid and Claims without Defense and Cost Containment Expenses Paid.

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Notes:

1. Page 2, Tot Col [A] = Page 3, Tot Col [1] + Tot Col [7]
2. Page 2, Tot Col [B] = Page 3, Tot Col [2]
3. Page 2, Tot Col [C] = Page 3, Tot Col [4] + Tot Col [8]

Company / Group Name: _____

O C C U R R E N C E R	CLAIMS WITH INDEMNITY PAYMENT CLOSED IN 2001						CLAIMS WITHOUT INDEMNITY PAYMENT CLOSED IN 2001			ALL CLAIMS COMBINED
	[1] Number of Claims	[2] Paid to Date Indemnity	[3] Average Indemnity [2] / [1]	[4] Paid to Date Defense and Cost Containment Expenses	[5] Paid to Date Def & Cost Containment Expenses [2] + [4]	[6] Average Cost [5] / [1]	[7] Number of Claims	[8] Paid to Date Defense and Cost Containment Expenses	[9] Average Cost [8] / [7]	
Pre 1993										
1993										
1994										
1995										
1996										
1997										
1998										
1999										
2000										
2001										
TOTAL										

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Company / Group Name: _____

			CLAIMS OUTSTANDING as of 12/31/2001				Calendar Year 2001 DIRECT PAYMENTS on ALL CLAIMS	
	[1] Number of NEW Claims Reported During 2001	[2] Number of Claims REOPENED During 2001	[3] Number of Claims Outstanding	[4] Direct Amount Reserved for Loss on Reported Claims (Case)	[5] Direct Amount Reserved for DCCE on Reported Claims (Case)	[6] Amount of IBNR Reserve for Loss and DCCE *	[7] Paid Indemnity	[8] Paid Defense and Cost Containment Expenses
O								
C								
C								
U								
R								
R								
E	Y							
N	E							
C	A							
E	R							
Pre 1993								
1993								
1994								
1995								
1996								
1997								
1998								
1999								
2000								
2001								
TOTAL								

* Include Bulk Reserve for Adverse Development on Case Reserves.

- Notes:**
1. Loss Supervision and Collection Expenses (LSCE) were formerly known as Loss Adjustment Expenses (LAE).
 2. Defense and Cost Containment Expenses (DCCE) were formerly known as Allocated Loss Adjustment Expenses (ALAE).
 3. Adjusting and Other Expenses (AOE) were formerly known as Unallocated Loss Adjustment Expenses (ULAE).
 4. LSCE = DCCE + AOE (formerly LAE = ALAE + ULAE).